



**Arizona Department of Water Resources**  
Information Management Unit  
P.O. Box 33589 Phoenix, Arizona 85067-3589  
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www.azwater.gov

**NO FEE**

## Notice of Well Capping

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ Within five (5) days after capping an open well, the owner of the well shall file this Notice.

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

**\*\* PLEASE PRINT CLEARLY \*\***

### SECTION 1. REGISTRY INFORMATION

Well Type	Location of Well
CHECK ONE <input type="checkbox"/> Domestic <input type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Monitor / Piezometer <input type="checkbox"/> Geotechnical <input type="checkbox"/> Mineral Exploration <input type="checkbox"/> Other (please specify):	WELL LOCATION ADDRESS (IF ANY)  TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE 1/4   1/4   1/4  LATITUDE   LONGITUDE Degrees   Minutes   Seconds "N   Degrees   Minutes   Seconds "W METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify): COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK   MAP   PARCEL COUNTY WHERE WELL IS LOCATED

### SECTION 2. OWNER AND FIRM INFORMATION

Well Owner	Person or Firm Installing the Cap
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER   FAX	TELEPHONE NUMBER   FAX

### SECTION 3. CASING AND CAPPING INFORMATION

Surface Casing	Capping
OUTER DIAMETER (inches) STEEL   PVC   ABS   IF OTHER TYPE, DESCRIBE	DATE WELL WAS CAPPED
	TYPE OF CAP
	MANUFACTURER OF CAP, IF ANY

REMARKS

### SECTION 4. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

- ☐ By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

### SECTION 5. WELL OWNER AND PROPERTY OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

SIGNATURE OF WELL OWNER

DATE